



## CASE STUDY

Chronic Care Management for Oncology

EASTERN CONNECTICUT  
HEMATOLOGY & ONCOLOGY

A proudly independent oncology practice launched a turnkey Connected Care program with Sweeten Health and Phamily in 2023.

- Based in Norwich, CT
- **7** Board-certified Physicians supported by **7** Advanced Practice Providers (APPs)
- Clinical staff including a social worker, a nurse navigator, and a nurse educator
- Services include a chemotherapy and infusion center, clinical research programs, an on-site laboratory and medication dispensary, and a palliative care team



**THE PROBLEM:** ECHO wanted to make sure all patients had the care and support they needed between visits - but their Chronic Care Management (CCM) program only served 197 patients

- The clinical staff was overwhelmed by the effort required to connect with 197 patients through phone calls.
- The limited scale left out hundreds of patients who needed between-visit care
- Holistic support provided by between-visit care could not be reimbursed without systematic documentation
- The need to document this support added to the already heavy burden on clinical staff.



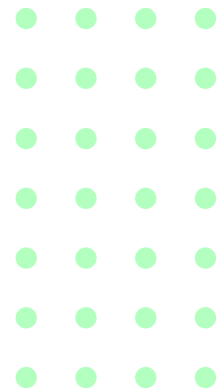
**The SOLUTION:** A turnkey Connected Care service line that scales between-visit care to meet the needs of more patients, while automatically documenting it for reimbursement.

- **Over 1,500 patients** receive proactive, between-visit care without hiring additional clinical staff.
- Technology supports scaling through documented text messaging to engage patients.
- **Engages 95% of patients monthly**, ensuring all their needs are met.
- **9.4/10 patient satisfaction score**

9.4 /10

patient satisfaction score

# ECHO's patients had diverse needs that required personalized care, but scaling between-visit care seemed impossible



- **Enrollment of patients** in ECHO's CCM program **increased 7.6x**
- No additional clinical staff or additional technology investments were required
- Documenting between-visit care became automatic and profitable

Cancer care extends far beyond the treatment of the disease itself.

For patients, the journey through cancer diagnosis, treatment, and recovery is filled with social, emotional, and financial challenges that can be as overwhelming as their medical issues.

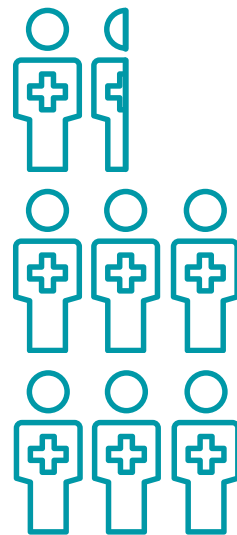
ECHO recognized the increasing demand for comprehensive patient support to address broader needs, leading the practice to explore CCM for between-visit care. However, ECHO found that **using phone calls and their EMR for CCM required significant effort from clinical staff**. They were only able to enroll 197 patients. As a result, hundreds of patients who needed CCM were left without its benefits.

Meanwhile, documenting the efforts of clinical staff supporting these 197 patients was challenging. Without proper documentation, the work couldn't be reimbursed.

## Then ECHO implemented a turnkey Connected Care program via Sweeten Health and Phamily.

Sweeten Health nurses use Phamily to support to patients at scale while automatically documenting between-visit care. Sweeten Health nurese connect with their patients via two-way texting and phone calls to build trusted relationships and deliver proactive care.

Working together, Sweeten Health and Phamily increased patient enrollment 7.6x without any hiring or technology investments necessary.



**7.6x**  
increase in  
patient  
enrollment



## By proactively addressing needs, ECHO engaged more often **with more satisfied patients**

- **95% monthly patient engagement rate** identifies potential ED and urgent care visits early
- Sweeten Health nurses using the Phamily platform for their CCM program achieved a **9.4 patient satisfaction score**

Many practices are concerned about proactively identifying and preventing patient issues that could lead to ED visits or hospitalizations. Early intervention means care can be delivered in an outpatient setting, improving quality of life and reducing patient co-pays.

**“When we started learning about CCM, we started saying, ‘Okay, this makes sense for our patients.** How do the patients communicate with us? How do we know that the patients are taking their medications?’ If there's a change in medication, they get admitted to the hospital, or they go to the ER, we need to stay in touch with them,” said Dr. Dinesh Kapur, MD, CEO of ECHO. “We need to have various touchpoints for our patients.”

ECHO now provides those essential patient touchpoints through two-way texting and calls with dedicated LPN care managers. **Sweeten Health nurses are fully integrated into ECHO practice workflows.** They can identify and escalate clinical issues according to the protocols established by ECHO physicians.



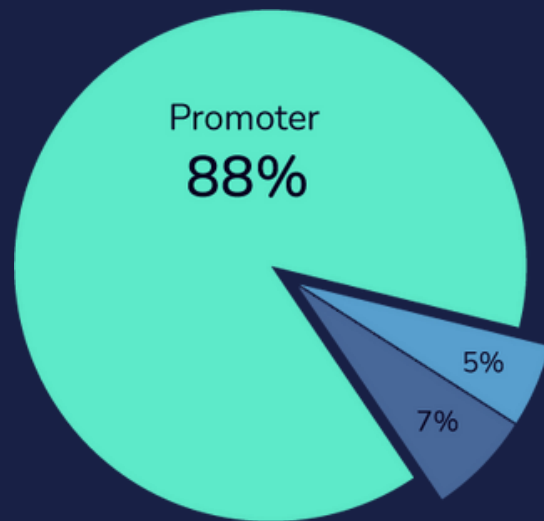
**“If there's a change in medication, they get admitted to the hospital, or they go to the ER, we need to stay in touch with them. We need various touch points for our patients.”**

DINESH KAPUR,  
MD  
CEO of ECHO

# ECHO Patient Satisfaction Survey

(out of 84 responses)

- Promoter ( ≥ 9 )
- Passive ( 8-7 )
- Detractor ( ≤ 6 )



# 81

NET PROMOTER SCORE (NPS)

## What is a Net Promoter Score?

A **Net Promoter Score (NPS)** is a customer experience metric that measures how likely customers are to recommend a company or its products and services. It's calculated by asking customers to rate their likelihood of recommending a company on a scale of 0–10, with 0 being "not at all likely" and 10 being "extremely likely". The responses are then categorized as "Promoters" (9 or 10), "Passives" (7 or 8), or "Detractors" (0–6). The accumulated ratings are then converted into a single number between -100 and 100, with higher scores being more desirable.

A score of zero or higher indicates that there are Promoters than Detractors, which is a positive sign. However, in the healthcare sector (where the average score is +58), a score above 58 is considered quite good, and anything over 80 is world-class.



### ANONYMOUS PATIENT

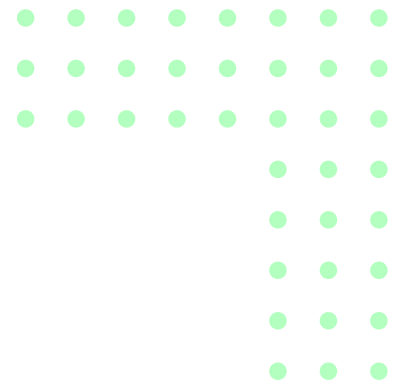
"It certainly makes us mindful of our health. I love the little tips you send along. This service is huge 10!!!"



### ANONYMOUS PATIENT

"I will say 10. I find it helpful to be prodded to think constructively about my health in the moment. I love you send me a reply. I feel heard. I fell into a 'I forgot...' thinking sequence while packing and moving. Your texts helped me pause and regroup. Thank you!"

## Revenue from a new service line supports ECHO's mission to **fully address patient needs**



- **1,500+** patients receiving proactive care — and growing
- Between-visit work is **fairly compensated** and enables **reinvestment in patient care**

As an independent community cancer center, ECO strives to keep costs low for patients. But delivering oncology care often requires substantial investment in staffing, creating challenging margin pressure.

**Phamily automatically documents the high-quality between-visit care** delivered by Sweeten Health nurses, so ECHO can submit for Medicare Chronic Care Management (CCM) reimbursement.

**CCM program revenue allows ECHO to reinvest in services** that help cancer patients with clinical, social, and economic needs. And because the Sweeten Health team can handle their entire population, **they are able to provide CCM services to any and all eligible patients.**

"We could never launch the program to where it needed to be for the needs of the community," said Dr. Kapur. "When we started with Sweeten Health and Phamily... the numbers have dramatically increased."



# What can Connected Care do for your Oncology practice?

Whether your practice is large or small, Phamily can help you deliver better patient care while being fairly compensated for all the between-visit work you already do.

Phamily enables independent practices like ECHO to deliver exceptional between-visit care to hundreds of patients, while earning fair compensation for that work.

**How can we help your practice - and patients?** Whether you need help hiring a care manager or you want a fully turnkey solution, we've got you covered.

- **Option 1: Promote from within!** You probably already have staff doing between-visit care. Patients call your clinical staff with questions and concerns between visits. When you launch your Phamily CCM program, you can move one of these nurses over to field text-based patient needs – 10x more efficiently.
- **Option 2: Need to hire?** We can help find the “right” care managers for your program. CCM’s popularity among neurology patients means that sometimes neurology practices will need to hire additional care managers. Many practices worry about bringing on additional staff — but find that an investment in hiring a new care manager has a 30-60 day payback.
- **Option 3: Need to outsource?** Our trusted partner Sweeten Health cares about your patients as much as you do. Practices that have less than 1,500 unique Medicare and Medicare Advantage patients may be better fit for a full-service, turnkey solution. That’s when a trusted partner can be invaluable – but quality is key.

Get in touch today for a free staffing consultation - we can help you figure out how to launch a profitable Connected Care program at your practice.

 [phamily.com](https://phamily.com) / [sweetenhealth.com](https://sweetenhealth.com)

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